



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES  
TOTAL RETENTION FACILITIES  
TOTAL RETENTION FACILITIES with LAND APPLICATION  
WASTEWATER BYPASS FORM

DEQ Facility ID: \_\_\_\_\_ Facility Name: Rural Water + Sewer County: \_\_\_\_\_  
DISTRICT NO. 20

Report all Total Retention Facility and  
Total Retention Facilities with Land Application  
wastewater bypasses to  
DEQ/ Environmental Complaints and Local Services  
within 24 hours at:

**1-800-522-0206**

Mail or Fax written report including copies of ANY test results  
within 5 days to:

Department of Environmental Quality  
Environmental Complaints and Local Services  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
Fax No. (405) 702-6226

DEQ notified: 5 22 2017 2:58 ☐ AM ☒ PM  
Month Day Year Time

Period of bypass: From 5 19 2017 7:30 ☐ AM ☒ PM  
Month Day Year Time  
To \_\_\_\_\_ ☐ AM ☐ PM  
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Dagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass ☐ Raw ☒ Partially Treated Amount of Bypass: \_\_\_\_\_

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: NE corner of Basin 3  
at Lat. 35.210092°, Long. -95.539336°

Reason for bypass: Heavy rainfall from all the storms

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? \_\_\_\_\_

Impact to receiving stream and /or surrounding areas: Minimal due to excessive rainfall to  
the area

Steps taken to clean up or treat bypass: lime was applied to affected area

Reported by: Laci Allen Title: Admin manager

Signature: [Signature] Date: 5-22-17  
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☐ Phone or ☐ Site Visit Date: \_\_\_\_\_ Follow up Site Visit ☐ Date: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: \_\_\_\_\_

Reason for bypass: \_\_\_\_\_

Steps taken to prevent recurrence: \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: \_\_\_\_\_

Steps taken to clean up or treat bypass: \_\_\_\_\_

Corrective action needed: \_\_\_\_\_ Comply by date: \_\_\_\_\_

Reported information confirmed: ☐ Yes ☐ No If no, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
ECLS Representative

RECEIVED

MAY 30 2017

ECL: